VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 28, 2014

Mr. Michael Moore, Administrator
Lowell House
419 Rickaby Road
Lowell, VT 05847-9667

Dear Mr. Moore:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 29, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:jl

PRINTED: 05/05/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0538	A. BUILDING: _____ B. WING _____	04/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOWELL HOUSE	419 RICKABY ROAD LOWELL, VT 05847

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation of an entity reported resident to resident incident were conducted by the Division of Licensing and Protection on 4/29/14. Based on information gathered, the following regulatory deficiency was cited.	R100		
R145 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the nurse failed to oversee a written plan of care for 3 of 3 residents in the sample (Residents #1, 2, 3) that is based on abilities and needs as identified in the resident assessment. Findings include: 1. Per record review on 4/29/14, Resident #1 was assessed by a Registered Nurse (RN) annually (10/18/13)using the required instrument. Resident #1 requires nursing oversight for chronic kidney disease with dialysis, related dietary restrictions, and the use of a Bi-PAP machine for sleep apnea, and medication administration. There was no evidence in the medical record that a written plan of care had been developed or overseen by an RN in order to direct staff in maintaining the resident's abilities and needs as assessed by the RN. The medical record did demonstrate a	R145	See attachment 5/31/14	

Risk Management, NKHS

R145 POC accepted 5/21/14 JHomerRN/pmc

pmc

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R145	Continued From page 1 behavioral management plan, protocols for diet, dialysis and BiPAP use, as well as staff documentation of daily care, medication and assistance provided. 2. Per record review on 4/29/14, Resident #2 was assessed by a Registered Nurse (RN) annually (1/21/14) using the required instrument. Resident #2 requires nursing oversight for conditions including gastroesophageal reflux, hypertension, low thyroid function, and medication administration. There was no evidence in the medical record that a written plan of care had been developed or overseen by an RN in order to direct staff in maintaining the resident's abilities and needs as assessed by the RN. The medical record did demonstrate a behavioral management plan, as well as staff documentation of daily care, medication and assistance provided. 3. Per record review on 4/29/14, Resident #3 was assessed by a Registered Nurse (RN) annually using the required instrument. Resident #3 requires nursing oversight for conditions including asthma, severe bee sting allergy, and medication administration. There was no evidence in the medical record that a written plan of care had been developed or overseen by an RN in order to direct staff in maintaining the resident's abilities and needs as assessed by the RN. The medical record did demonstrate a behavioral management plan, as well as staff documentation of daily care, medication and assistance provided. During an interview at 2:45 PM on 4/29/14, the Registered Nurse (RN) confirmed that a separate written nursing care plan had not been developed or overseen based on abilities and needs in the,	R145		

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R145	Continued From page 2 RN assessment for Residents #1, 2, 3.	R145		

Facility: Lowell House
Survey Report Date: May 6, 2014
Plan of Correction Date: May 12, 2014

R145 – V. RESIDENT CARE AND HOME SERVICES
5.9.c (2)
Plan of Correction:

- A Nursing Plan of Care form has been developed for use with all residents of the home. The plan will be completed by nursing staff based on the area of need identified in the Resident Assessment, and will be used along with existing Developmental Services documents to create a comprehensive care plan.

- A Nursing Care Plan will be completed for each existing Resident by 5/31/14.

- Nursing Care Plans will be completed for all new admissions in accordance with applicable regulations.

- The Nursing Care Plan will be reviewed by nursing on an on-going basis and modified annually or as needed.

- The Residential Manager will review the plan monthly to ensure ongoing applicability and regulatory compliance.